

26th Annual Carlsbad Triathlon

Deadline to pre-register is June 22, 2007.

Race Packet Pick-up Options:

Free In Person Pick-up: Friday July 6th, between 5–8 PM or Saturday, July 7th, between 10 AM – 2 PM, at the Carlsbad Senior Center, 799 Pine Avenue, Carlsbad, CA. (Map on reverse of this form)

\$20 Overnight mailing: Packet will be overnight mailed to you Monday, July 2nd.

\$25 Sunday Pick-up: At the race site.

There is a 1,000 entrant cap, so sign up early to secure your spot! Awards will be given to the top 3 in each division.

Packets may NOT be picked up for anyone else. Please bring your own tire pump!



Carlsbad Triathlon Application (Web registration available at www.active.com)

Individual Name _____ T-shirt Size _____

Street Address _____

City, State, Zip _____

Daytime Phone Number _____ E-mail _____

Relay Team Name (if applicable; please limit name to 12 characters) _____

If in relay, which segment are you? ☐ swimmer ☐ cyclist ☐ runner Individual Name _____ T-shirt Size _____

If in relay, which segment are you? ☐ swimmer ☐ cyclist ☐ runner Individual Name _____ T-shirt Size _____

If in relay, which segment are you? ☐ swimmer ☐ cyclist ☐ runner Individual Name _____ T-shirt Size _____

Individual Divisions (please check one age group)

☐ Teen 14-19 ☐ 20-24 ☐ 25-29 ☐ 30-34 ☐ 35-39 ☐ 40-44 ☐ Challenged
☐ 45-49 ☐ 50-54 ☐ 55-59 ☐ 60-64 ☐ 65+ ☐ Elite ☐ Clydesdale/Athena

Age on race day _____ Male / Female _____ Clydesdale (200+ lbs.) /Athena (160+ lbs.) _____

Relay Divisions (check one)

☐ Family (all members must be related) ☐ Senior (55+) ☐ Business (all members work at same company)
☐ Challenged athlete (at least one member in team)

Fees (circle one)	Received by:	Feb 5-28	Mar 1-31	April 1-30	May 1-31	June 1-29	July 6-7	
Elite/Adult Individual (Carlsbad Resident)		\$70	\$75	\$80	\$85	\$90	\$110	At Packet Pick-up
Elite/Adult Individual (Non Resident)		\$80	\$85	\$90	\$95	\$100	\$120	(if space available)
Teen, Senior, Challenged Athletes		\$60	\$65	\$70	\$75	\$80	\$100	
Relay Divisions		\$95	\$100	\$105	\$110	\$115	\$135	

SUBTOTAL

Overnight Mail - Monday, July 2nd (add to race fee here) (\$20) _____

Sunday Packet pick-up (add to race fee here)..... (\$25) _____

Optional Donation to Opportunity Grants Program (Thank You!)..... _____

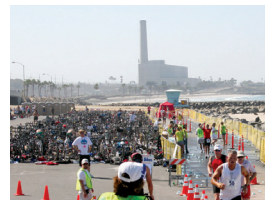
TOTAL AMOUNT ENCLOSED.....

Please make checks payable to "WB Productions" or enter credit card info below:

VISA / MasterCard Number: Expires: _____

Mail to: Carlsbad Triathlon
c/o WB Productions
620 Camino de los Mares #E476
San Clemente, CA 92673

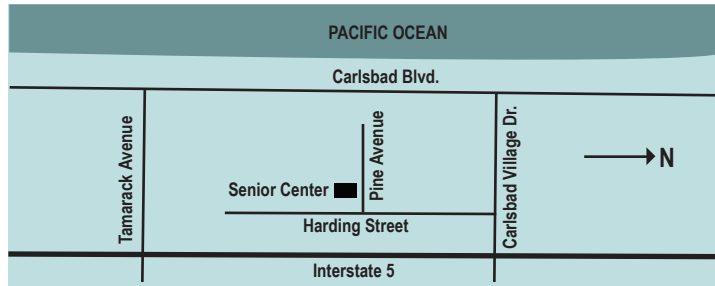
Waiver must be signed on the back before receiving race packet.
Registration is on space-available basis only at packet pickup. Please
note: There are NO TRANSFERS or REFUNDS, NO RACE DAY REGISTRATION
and NO FAX OR PHONE-IN REGISTRATION AVAILABLE.



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Map to Carlsbad Senior Center



Carlsbad Triathlon Waiver of Liability

2007 CARLSBAD TRIATHLON July 8th

Waiver of Liability, Indemnification Agreement and Photo Release (please read before signing)

I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, and/or producers of the event, and lack of hydration, I hereby assume all of the risks of my or my child's participation in this event. I certify that I am or my child is physically fit, have sufficiently trained for participation in the event and have not been otherwise advised against participating by a qualified medical person.

I acknowledge that this WAIVER AND RELEASE OF LIABILITY (WRL) FORM will be used by the event holders, sponsors and organizers, in which I may participate and that it will govern my or my child's actions and responsibilities at said event. In consideration of my or my child's application and permitting me or my child to participate in event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waiver, Release, and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from this event THE FOLLOWING ENTITIES OR PERSON(S): City of Carlsbad and City of Encinitas, State of California and their officers, employees, agents, directors, volunteers, and elected and appointed officials; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my or my child's actions during this event. I hereby consent to receive medical treatment for myself or my child, which may be deemed advisable in the event of injury, accident and/or illness during this event.

I understand that at this event or related activities, I may be photographed. I agree to allow my or my child's photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and/or assigns. This WOL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

THE UNDERSIGNED PARENT AND NATURAL GUARDIAN OR LEGAL GUARDIAN DOES HEREBY REPRESENT THAT HE/SHE IS, IN FACT, ACTING IN SUCH CAPACITY AND AGREES TO SAVE AND HOLD HARMLESS AND INDEMNIFY EACH AND ALL OF THE PARTIES REFERRED TO ABOVE FROM ALL LIABILITY, LOSS, COST, CLAIM OR DAMAGE WHATSOEVER WHICH MAY BE IMPOSED UPON SAID PARTIES BECAUSE OF ANY DEFECT IN OR LACK OF SUCH CAPACITY TO SO ACT AND RELEASE SAID PARTIES ON BEHALF OF THE MINOR AND THE PARENTS OR LEGAL GUARDIAN.

I UNDERSTAND THAT BY AGREEING TO THIS WAIVER I AM FREEING THE CITY OF CARLSBAD FROM ANY LIABILITY RESULTING FROM MY OR MY CHILD'S PARTICIPATION IN THE ACTIVITIES AND EVENTS REGISTERED. I RECOGNISE THAT THESE ACTIVITIES AND EVENTS CAN BE DANGEROUS TO ME OR MY CHILD AND ACCEPT THOSE DANGERS. I UNDERSTAND THAT IF I AM OR MY CHILD IS INJURED, THIS WAIVER WILL BE USED AGAINST ME AND ANYONE ELSE CLAIMING DAMAGE BECAUSE OF MY OR MY CHILD'S INJURY IN ANY LEGAL ACTION. I ALSO UNDERSTAND THAT NO CITY EMPLOYEE OR AGENT IS AUTHORIZED TO MODIFY THIS WAIVER. I CERTIFY THAT I HAVE PERSONALLY READ AND UNDERSTAND THIS WAIVER AND RELEASE.

Print Name

Signature

Date

Print Name

Signature

Date

Print Name

Signature

Date